

1 COMMONWEALTH OF KENTUCKY
2 CABINET FOR HEALTH AND FAMILY SERVICES
3 DEPARTMENT FOR MEDICAID SERVICES
4
5
6 "INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
7 TECHNICAL ADVISORY MEETING"
8
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10 HELD AT:
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12 PUBLIC HEALTH BUILDING
13 275 EAST MAIN STREET
14 FRANKFORT, KENTUCKY 40621
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17 DATE:

18 NOVEMBER 1, 2017
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A T T E N D E E S :

Laura Presley - DCBS

Clyde Lang - Leading Age

LeAnn Magre - Wellcare

Brenda Huntsman - Passport

David Hanna - Passport

Katie Bentley - CCDD

Rick Christman - KAPP

Johnny Callebs - KAPP

Wayne Harvey - KAPP

Steve Shannon - KAPP

Lori Gresham - DMS

Earl Gresham - DMS

Alisha Clark - DMS

Dawn Wheeler - DMS

Sherri Brothers - Arc of Kentucky

Barb Locker - DDID

Claudia Johnson - DDID

1 MR. CHRISTMAN: Well, welcome everyone.
2 We'll call the meeting to order. I don't
3 believe we have a quorum at this time, but
4 it may happen later during the meeting, but
5 we'll start with the welcome and
6 introductions. I'm Rick Christman. I'm a
7 board member of KAPP, represent KAPP. So
8 let's go around the room.

9 MS. MAGRE: LeAnn Magre with Wellcare.

10 MR. HANNA: Dave Hanna with Passport.

11 MR. LANG: Clyde Lang representing Leading
12 Age.

13 MR. CALLEBS: Johnny Callebs, executive
14 director for KAPP.

15 MS. LOCKER: Barb Locker, DDID.

16 MS. JOHNSON: Claudia Johnson, director of
17 DDID.

18 MS. PRESLEY: Laura Presley, DCBS.

19 MS. HUNTSMAN: Brenda Huntsman, Passport
20 Health Plan.

21 MS. BROTHERS: Sherri Brothers, Arc of
22 Kentucky.

23 MS. BENTLEY: Katie Bentley. I represent
24 the Commonwealth Council on Developmental
25 Disabilities.

1 MR. GRESHAM: Earl Gresham, Medicaid.

2 MS. GRESHAM: Lori Gresham, Medicaid.

3 MS. CLARK: Alisha Clark, Medicaid.

4 MS. WHEELER: Dawn Wheeler, Medicaid.

5 MR. CHRISTMAN: Did I hear you're the
6 director of DDID? Has this been for a
7 while?

8 MS. JOHNSON: Yes.

9 MR. CHRISTMAN: Okay. I didn't realize
10 that. Congratulations.

11 MS. JOHNSON: Oh, thank you. It was on and
12 off for 12 years. And it was official, I
13 think -- I don't know -- sometime early
14 this year.

15 MR. CHRISTMAN: I apologize for --

16 MS. JOHNSON: Oh, no worries. It's all the
17 same work, the same thing.

18 MR. CHRISTMAN: You do the same thing,
19 right? Okay. I believe we had someone
20 asked -- well, it might have been Wayne on
21 this electronic visit verification. I
22 understand this is going to be a
23 requirement in the future?

24 MS. GRESHAM: Yes, for waivers, 2019 is
25 when we have to have it in place or at

1 least to have submitted to CMS that we are
2 working on it. There is an extension
3 allowed through CMS. But currently we are
4 in a fact-finding mission, kind of looking
5 at what systems are out there, getting an
6 idea of how best to meet the requirements,
7 do we want to do more than the
8 requirements, do we want to do just the
9 requirements, kind of looking at that,
10 looking at how other states have
11 implemented.

12 There are several states -- Florida
13 and Indiana are at the top of my mind --
14 that have already implemented it for a
15 while. So no decisions at all have been
16 made. Once it does we'll do an RFP.

17 MR. CHRISTMAN: For my benefit, and maybe
18 for others, would you define what you
19 believe it means?

20 MS. GRESHAM: What EVV means?

21 MR. CHRISTMAN: Electronic -- EVV means?

22 MS. GRESHAM: So CMS requires, will be
23 requiring that any in-home personal care
24 type services be verified electronically.
25 That's as much as it really says. They're

1 supposed to give us more guidance in
2 January. The secretary is supposed to
3 submit two states' letters for more
4 guidance and really that's all it says. It
5 gives you some of the things that you have
6 to have in it, but --

7 MR. CHRISTMAN: Yeah. Would you say this
8 pertains more to Michelle P than other
9 programs or is it any residential?

10 MS. GRESHAM: It's residential.

11 MR. CHRISTMAN: All residential.

12 MR. GRESHAM: Any residential service is
13 exempt, but at any time you go into
14 someone's home, then, yes, you have to have
15 it.

16 MR. CHRISTMAN: So it could be a staff
17 residence? It could be --

18 MS. GRESHAM: No. Staff residences are
19 excluded.

20 MR. CHRISTMAN: So no matter what services
21 take place in the staff residence, it's
22 excluded?

23 MS. JOHNSON: This would be more
24 participant directed where staff goes into
25 somebody's home?

1 MS. GRESHAM: Right.

2 MR. CHRISTMAN: Oh, okay. So it's more
3 likely Michelle P than --

4 MS. JOHNSON: Or people that are
5 nonresidential.

6 MS. GRESHAM: Michelle P, HCB, a
7 nonresidential person, SCL.

8 MR. CHRISTMAN: Okay. Well, I guess we'll
9 hear more about it.

10 MR. LANG: Question. You had mentioned
11 that after you check around you do an RFP.
12 I'm just hanging on words because providers
13 are also wondering how to kind of at least
14 catch up.

15 So does it sound like that the state
16 might say, okay, here's what we want to do
17 and we're going to do this and here's how
18 it's going to connect for you guys as
19 opposed to, okay, you got to come up with
20 something, let us know what you got?

21 MS. GRESHAM: So there are lots of
22 different ways to do it. There's a state
23 mandate that says here's what we're using,
24 you have to use it.

25 MR. LANG: Right.

1 MS. GRESHAM: There is you pick your own,
2 we're out of it, just send us your record.
3 And there's also a hybrid of, well, we'll
4 set one in place for folks who don't have
5 one, if you have one, we can use that, kind
6 of all these different things. And so we
7 really have not made any decision
8 whatsoever.

9 And there's pros and cons to both. I
10 don't envision us just mandating one because
11 we do have quite a few that already have
12 EVVs. So I don't imagine that we'll just
13 say here it is.

14 MR. LANG: So you might be sending out an
15 RFI, request for information --

16 MS. GRESHAM: We may, uh-huh.

17 MR. LANG: -- as opposed to an RFP?

18 MS. GRESHAM: Eventually we will have to
19 RFP --

20 MR. LANG: Oh, sure.

21 MS. GRESHAM: -- but there may be an RFI
22 beforehand or it may just be informal
23 discussion.

24 MR. LANG: If you put it all on providers,
25 it really won't be an RFP.

1 MS. GRESHAM: Right.

2 MR. LANG: We'll just have to do it and
3 tell us it's right.

4 MR. CHRISTMAN: And I'm sorry, did you say
5 there's a deadline on this or is there any
6 --

7 MS. GRESHAM: January 2019 is when CMS has
8 said you got to have it in place. There is
9 mechanisms for extensions for that if you
10 show good cause that you're working on it.
11 And I think a lot of states are filing that
12 extension, as I would imagine we will,
13 unless we can jump on it quickly.

14 MR. CHRISTMAN: We have Medicaid Waiver
15 Redesign Comments. Obviously this is an
16 informational thing, but you've attended
17 them, right, Johnny; is that correct?

18 MR. CALLEBS: I attended two.

19 MR. CHRISTMAN: Oh, just two? How about
20 you, Lori, have you been to all of them?

21 MS. GRESHAM: I went to every single one of
22 them.

23 MR. CHRISTMAN: Is there anything you'd
24 like to summarize?

25 MS. GRESHAM: There were ten of them. And

1 they were really well attended. We had
2 about -- we had 488 people that came.
3 Sixty-seven of those were actually
4 individuals who accessed services. We are
5 waiting for a formal report from Navigant
6 to kind of go over all of the things we
7 heard. We heard a lot of information.

8 Historically for Medicaid, they were
9 very well attended. The format was -- as
10 Johnny can attest to, they were much
11 different than we've ever done before. It
12 was really a discussion, okay, here's some
13 starting questions just to kind of get the
14 ball rolling, let's talk. And we got a lot
15 of really good information.

16 I took down everybody that attended,
17 took down their e-mail. I just made an
18 addressee list. Everybody that was there
19 would be getting the reports in some form or
20 fashion to say here's what we heard. And
21 then the next steps will be from all of that
22 we will kind of develop a plan. We'll then
23 put that plan out and say, okay, tell us
24 what you think. We'll be doing town halls
25 across the state again.

1 MR. CHRISTMAN: This is after you put
2 together --

3 MS. GRESHAM: This is the initial plan,
4 here's what we think will work, give us
5 more information.

6 MR. CHRISTMAN: That Navigant will have
7 developed?

8 MS. GRESHAM: Navigant will develop it with
9 us, yes.

10 MR. CHRISTMAN: Okay.

11 MS. GRESHAM: So then we'll say, here's
12 what we think, tell us what you think about
13 this. And then we'll go back and then once
14 we feel like we have a good plan and have
15 gotten as much information as we can, then
16 we'll submit it for CMS approval and into
17 regulation.

18 MR. CHRISTMAN: Are you still thinking -- I
19 think the last time we spoke you were
20 thinking next year June?

21 MS. GRESHAM: Springish, yeah.

22 MR. CHRISTMAN: Yeah, right.

23 MS. GRESHAM: That's our hope.

24 MR. LANG: Are you thinking springish for
25 the town halls and planning or getting to a

1 regulation?

2 MS. GRESHAM: We hope spring/summer
3 regulation. That's our hope.

4 MR. CALLEBS: So recommendations from
5 Navigant, formal recommendations will come
6 in the spring and then town halls for
7 feedback and then make the decision and
8 then forward with CMS submission?

9 MS. GRESHAM: Uh-huh.

10 MR. CHRISTMAN: So that's a lot of
11 meetings.

12 MS. GRESHAM: It sure is. It is.

13 MR. CHRISTMAN: Ten times four.

14 MS. GRESHAM: Yes.

15 MR. CHRISTMAN: Well, I know you did a lot
16 of work in getting turnout because I think
17 I had like three calls or something asking
18 whether I was going to be there.

19 MR. CALLEBS: Can I ask one question?

20 MR. CHRISTMAN: Yeah.

21 MR. CALLEBS: Were any of the forums or
22 focus groups at capacity so that people
23 were turned away or didn't have a chance to
24 --

25 MS. GRESHAM: There was -- at Louisville we

1 had two people that decided not to go to an
2 additional group, but there was room for
3 everybody. None of them were at full
4 capacity.

5 MS. JOHNSON: What about Lexington? I felt
6 like Lexington would be full.

7 MS. GRESHAM: It was 79, which full
8 capacity is 80.

9 MS. JOHNSON: I thought the caregivers at
10 Lexington was full in some of the --

11 MS. GRESHAM: In the individual meetings,
12 some of those went over, but we put people
13 in the meetings. There was nobody turned
14 away. I take that back. At one of the
15 meetings we had to tell people we're full.
16 When they showed up, we were able to
17 actually get them in. We had them step
18 aside. And if people didn't show up --
19 because we had a lot of people that just
20 they registered but they didn't show up.
21 So they came, we asked them to step aside
22 until we were -- until the meeting started,
23 and if there were spaces, we let them in.
24 MR. LANG: And maybe that -- it seems like
25 I had heard someone simply say, well, I

1 don't think I was in the group I was
2 supposed to be in, you know, like a
3 provider. So when they got there, then, if
4 you had space in one, you moved them?

5 MS. GRESHAM: So if they got there, we
6 asked -- a lot of people registered for the
7 wrong group.

8 MR. LANG: Oh, okay.

9 MS. GRESHAM: And so if that -- for
10 instance, if they registered as direct
11 support staff and the executive meeting was
12 full, I couldn't put them over into that
13 group.

14 MR. LANG: Right.

15 MS. GRESHAM: So that may be where it was
16 from, but --

17 MR. LANG: It wasn't a big deal, I mean.

18 MS. GRESHAM: And largely they got the same
19 information. A lot of the same questions
20 and a lot of the same issues were brought
21 up in both sets of provider meetings and
22 both sets of caregiver individual meetings.
23 They had very similar dialogue in the
24 industry meetings.

25 MR. CALLEBS: Will you allow one more

1 question on the EVV?

2 MR. CHRISTMAN: Oh, sure, as many as you
3 want.

4 MR. CALLEBS: Do you know, Lori or Earl or
5 Alisha, will there be any additional funds
6 that will help defray the cost of the EVV
7 implementation to providers or will it be
8 solely on the expense of providers?

9 MS. GRESHAM: So it depends on the model
10 that we go with. I know CMS allows for the
11 Medicaid system to have enhanced funds.
12 They have not allowed for any outsourced
13 funds. So that's kind of -- and I think it
14 will kind of be up to -- dependent on the
15 route that we take.

16 MR. CALLEBS: So too early to tell or --

17 MS. GRESHAM: Yes.

18 MR. CALLEBS: Okay. More likely than not?
19 I'm hearing that probably -- that other
20 states have.

21 MS. GRESHAM: We won't have funds -- right.
22 We won't have funds to hand out to
23 providers. So likely it will be, here's a
24 state system. If we choose to go the kind
25 of hybrid route, here's a state system, you

1 can use it or you can get your own. It's
2 likely what will be the outcome, but --
3 MS. LOCKER: So it's a system where when a
4 caregiver goes into the home, they have to
5 log in to something to say they are there
6 and then leave?

7 MS. GRESHAM: Uh-huh. A lot of the ones
8 that we've seen -- because we've seen three
9 or four models now. And a lot of them
10 utilize mobile GPS that I didn't realize
11 does not rely on cell service. It actually
12 tracks it whether you have cell service or
13 not and then it uploads it when you leave.
14 A lot of those is what we have seen for --
15 but, again, that's just models we've seen.
16 It's not anything we've decided on.

17 MR. CALLEBS: And that would be put in
18 place or paid for by the Cabinet and then
19 people --

20 MS. GRESHAM: It depends on the model that
21 we have. If it's -- that we have what's
22 called an open system. And that means, you
23 all, we tell you we're opening it, here's
24 the requirements, go find your own, tell us
25 what you have. That's an open system.

1 There's also a closed system where we
2 just say, this is what we're using, that's
3 it, figure it out. And then there's a
4 hybrid of an open and closed where we say if
5 you have one, make sure it meets these
6 requirements, tell us how it meets A, B, C.
7 And it's not been, here's a state one. So
8 it would just depend on the model we go
9 with.

10 MR. CALLEBS: Okay. Thank you.

11 MS. GRESHAM: You're welcome.

12 MS. HUNTSMAN: I have a question about the
13 town hall meetings.

14 MS. GRESHAM: Uh-huh.

15 MS. HUNTSMAN: When you schedule those,
16 will the participants and the caregivers be
17 at the same time? Because that was kind of
18 a conflict for --

19 MS. GRESHAM: They'll all be at the same
20 time for the town halls. It will be a
21 large meeting. We are looking at very
22 large spaces. And, quite honestly, we
23 probably won't even register. I'll have a
24 counter at the door so we're not over
25 capacity but say, here's where they are

1 because we'll send the plan out hopefully
2 prior to those so that folks can kind of
3 look at them beforehand and ask their
4 questions.

5 Of course, the public comments, you
6 know, box will be open if they can't go or
7 for whatever reason to put in those
8 comments. And then we'll kind of have a --
9 we'll go over the plan in that meeting and
10 kind of have a question-and-answer session.

11 MS. HUNTSMAN: That will work better
12 because I know a lot of people couldn't be
13 at -- they couldn't have their participants
14 and then be at the meeting at the same time
15 and it caused a conflict. Thank you.

16 MR. GRESHAM: You're welcome.

17 MR. CHRISTMAN: Any other questions on
18 these topics?

19 I'd like to welcome Wayne who came in.

20 MR. HARVEY: Sorry I'm late, but there was
21 this -- believe it or not, not only
22 construction held me up, but there's a lady
23 with a baby in the parking lot. She had it
24 in a stroller and we were trying to figure
25 out whether or not there was a ramp and

1 there's not. So she had to walk all the
2 way around and come in in the rain and
3 everything. So I was trying to help her
4 in. So sorry I'm late.

5 MR. CHRISTMAN: Well, the next item -- we
6 talked a little bit about this final
7 settings rule. And I think we discussed
8 that Kentucky, as it stands right now, is
9 going to implement it on the original
10 deadline or already has --

11 MS. GRESHAM: Yes.

12 MR. CHRISTMAN: -- or anyway essentially
13 has committed to it. And some of us would
14 like to comment on that. Did you have some
15 comments?

16 MR. LANG: Well -- and, again, I appreciate
17 you mentioning that last time -- I guess a
18 couple of concerns is that if Kentucky does
19 go ahead and implement the rule as it is
20 written today and CMS changes it, then it's
21 just going to be disruptive to the system.

22 I'm not saying what they've drawn up
23 is bad. I think there's a lot of good
24 positives in it and a lot of providers have
25 spent a lot of time and effort and energy

1 getting there and most are there. And there
2 are some that are not, but when the Feds
3 relax those things, then it's just a matter
4 -- or whatever, then it's just another
5 situation of adjustment.

6 And if the system has progressed
7 toward the goal of a final rule setting, I
8 think we just -- my suggestion would be just
9 stay the course and not implement or break.
10 There may be a few that are out of -- quote,
11 out of federal compliance the way the
12 original rule was, we don't know what the
13 final rule is.

14 And so I would really encourage
15 waiting to implement that to see how the
16 final rule ends up rather than having
17 disruption in the system.

18 MR. CHRISTMAN: Any other comments on that?

19 MR. LANG: Should we make a recommendation?

20 MR. CHRISTMAN: Do we have a quorum?

21 MR. LANG: I don't believe so. I'm not
22 positive.

23 MR. CHRISTMAN: I don't think we do.

24 MR. CALLEBS: There's four next to --

25 MS. GRESHAM: There's Rick, Karen, Wayne,

1 Katie and Clyde.

2 MR. CALLEBS: That's five.

3 MR. LANG: I'd just like to see it entered
4 into -- I mean, do you feel like you all
5 can wait based on what we just told you or
6 should we --

7 MS. GRESHAM: And I can't tell you.

8 MR. LANG: I know you can't and so that's
9 why --

10 MS. GRESHAM: So I can tell you from just
11 personal knowledge the things that we are
12 moving forward with are quality services
13 anyway. So I think that a lot of the
14 waiver redesign, because that's what we --
15 one of our goals is to focus on quality
16 services with waiver redesign. And so I
17 think that the principles behind the final
18 rule really talk to that.

19 Now, to say in regulation the final
20 rule is A, B, C and this is when you must do
21 it, I don't know whether that will be the
22 path or whether if it is just that our rules
23 will be compliant with federal final rules
24 in that they are quality services.

25 So the major kind of hitch pin that

1 CMS has said we may extend is the heightened
2 scrutiny process. They have not given us
3 any indication that the final rules
4 themselves will change, that those will be
5 extended with that heighten scrutiny.

6 In that piece, I don't -- because
7 we've already gathered all the information
8 and to stop that piece now would add more
9 burden to providers because then we would
10 have to go back out, redo site visits,
11 re-require transition plans, re-require
12 complaints, all those things again, whereas,
13 quite honestly, CMS is using Kentucky as
14 kind of a guiding.

15 Everything that we have submitted they
16 have been in -- in conversations told other
17 states, well, look at Kentucky. They do
18 this well, they do this well. For instance,
19 our evidentiary packet, they are promoting
20 those. All of them are saying here's a
21 really good evidentiary packet because we
22 were very thorough in those.

23 And so just from personal opinion --
24 of course, I'll take this back to the
25 higher-ups, but from personal opinion, to

1 delay that particular piece would cause more
2 work than if we just said we're going to
3 stop it because the rest of the rules,
4 they've not given us any indication that
5 those will change just because are there
6 issues with it? Yes.

7 I mean, it was developed, you know, by
8 folks in D.C. and will there be issues
9 implementing it? I believe so, just in
10 knowing how the provider works and how
11 day-to-day services work. But I also
12 believe that we have a lot of providers that
13 have already made really good steps to get
14 there.

15 MR. LANG: And I'm not suggesting to draw
16 those back. The ones I'm concerned about
17 are those few that are under heightened
18 scrutiny and that may fall out of
19 compliance when the final rule is put into
20 place.

21 MS. GRESHAM: Right.

22 MR. LANG: But for them to fall out of
23 compliance prior to CMS's approval is
24 disruptive to the individuals who are
25 living in those sites. And that's my

1 point.

2 MS. GRESHAM: Right. And we have made a
3 proposal to look at when we put it in
4 regulations allowing a transition period
5 based on when CMS's final date is, but,
6 again, the only thing that they have done
7 is to submit heightened scrutiny, not to
8 implement heightened scrutiny.

9 So it's kind of an odd conundrum. It
10 doesn't say we'll extend the compliance. It
11 says we'll extend the commission of
12 heightened scrutiny in that process. So it
13 kind of puts you in a very precarious
14 situation that do we go ahead and put it in
15 the regs because CMS is going to come back
16 and say, well, we told you you had to be in
17 compliance by 2019 aside from submitting
18 things.

19 So it's a very tricky type -- or that
20 we're trying to really make sure that we
21 give folks the best amount of time while not
22 penalizing anybody if there is additional
23 time. So that's kind of where the state is
24 at this point.

25 MR. CHRISTMAN: Well, it sounds to me even

1 if you did submit the information about
2 heightened scrutiny, they're not going to
3 make a decision on it because they've
4 decided --

5 MS. GRESHAM: Right. We submitted our
6 first --

7 MR. CHRISTMAN: So they're not going to
8 give you a yes or no or a no, right?

9 MS. GRESHAM: Right. We submitted our
10 first -- it may have been almost a year ago
11 now and they've been completely silent. We
12 have -- we had our stakeholder meeting on
13 our second submission.

14 And when we received this, quite
15 honestly, a lot of those transition plans
16 needed work. And so we had a webinar last
17 week. To anybody who had not been committed
18 to CMS we said, come join this webinar and
19 talked them through doing a better
20 transition plan because that's the piece --
21 quite honestly, that piece has to be in
22 place before anything else is a good
23 transition plan and a good plan going
24 forward because CMS has come back and said
25 they're going to look at a sampling of those

1 transition plans and evidentiary packets
2 that we submit and base their opinion on
3 that sampling.

4 So before Kentucky submits any, we
5 want to make sure that all of them would,
6 you know, pass the test so that they don't
7 look at one and say, oh, that one doesn't
8 meet, we're throwing the whole bunch out.
9 So we are being very intentional in at least
10 making sure that those -- before they go
11 that we believe that they would pass the
12 test.

13 And to what Rick pointed out, we
14 believe that that's what the test is, but
15 they've really given no state any feedback
16 other than to say, you don't have enough
17 here. Well, we addressed that and ours are
18 very robust.

19 So we're kind of really waiting on
20 CMS. We don't want to jump ahead and say
21 we're going to extend this when it may not
22 really be a true extension. So --

23 MR. CHRISTMAN: And you're worried that if
24 we stop the process there'd be a do-over?

25 MS. GRESHAM: Yes, because then it would be

1 outdated because already our information is
2 a year old. And so if CMS comes back and
3 says, well, have you looked at it again, of
4 course, okay, we would have where we
5 monitored and those kind of things. Our
6 fear is if we don't have that in place,
7 then CMS will come back and say, this is
8 dated materials, you're going to have to go
9 back and redo all that.

10 MR. CHRISTMAN: Clyde, what's your pleasure
11 on this?

12 MR. LANG: Well, I don't -- I think we've
13 had a good discussion on it and maybe
14 that's where it needs to sit at this time
15 because we're still several months out.
16 But, again, my concern is that either a
17 site or individuals or a program would
18 become disqualified or providers thought
19 they needed to make some dramatic changes
20 prior to that happening.

21 There aren't many sites left that
22 would have that situation, but it is
23 disruptive if you don't really know what hit
24 you. So I think we can let it hang. It
25 sounds like nothing is going to happen in

1 three months anyway.

2 MS. GRESHAM: Right. Unless CMS comes back
3 with a big letter that tells us something.
4 And if that were to happen, we have a group
5 that meets regularly, we would absolutely
6 then take that into consideration, but with
7 what they've put out there now, quite
8 honestly, is just not enough information or
9 guidance to change our course simply
10 because it was a very vague CMS may extend
11 the heightened scrutiny submission to 2022
12 and it's gray in both areas. Are you going
13 to do it, are you not, what are you
14 changing, what are you not?

15 And because we've gotten final
16 approval -- there's only three states so far
17 that have -- I feel like because of that
18 process -- and I talk to the folks at CMS at
19 least quarterly -- they have not given us
20 any indications that we need to slow that
21 down. And we have very good open
22 communication with them. And I really do
23 feel that if they felt -- because they told
24 us other things, you might want to put the
25 brakes on this in the past. They've not

1 given us that indication, so --

2 MR. CALLEBS: Is there a total number of
3 locations that are still subject to
4 heightened scrutiny or don't have their
5 transition plans approved?

6 MS. GRESHAM: I think it was 200?

7 MR. CHRISTMAN: I believe that's what you
8 said at the last meeting, yes.

9 MS. GRESHAM: Yeah, I think it was 200 that
10 we sent out. Last Friday we sent out their
11 evidentiary packet and their transition
12 plan to say, take a look at this and make
13 sure you've got it where you need to be.
14 So there's about 200 of those, because the
15 first submission was 48 and we were right
16 at 250 for total, so roughly 200.

17 MR. CALLEBS: Okay.

18 MR. CHRISTMAN: Are they largely
19 residential?

20 MS. GRESHAM: Yes. I think we have five or
21 six ADHCs.

22 MR. CHRISTMAN: ADHCs?

23 MS. GRESHAM: ADHCs because they're
24 attached to or on the grounds of the
25 nursing facility.

1 MR. CHRISTMAN: Okay. But no ADTs?

2 MS. GRESHAM: I don't -- I can't remember.

3 MR. CHRISTMAN: But overwhelmingly
4 residential?

5 MS. GRESHAM: Overwhelmingly residential.

6 MR. CHRISTMAN: Because of their location,
7 I suppose?

8 MS. GRESHAM: Because of their location,
9 uh-huh.

10 MR. HARVEY: Lori, do you know if there's a
11 specific person that providers can work
12 with on those templates and so forth
13 because --

14 MS. GRESHAM: That would be me.

15 MR. HARVEY: You're that person?

16 MS. GRESHAM: Yes.

17 MR. HARVEY: Our executive directors had
18 submitted some information previously about
19 some service sites that we had just done
20 away with, but they still showed up on our
21 letter the other day when we received it.

22 MS. GRESHAM: Send me those so we can look
23 at them. And if they are close to any
24 other sites and you have not released the
25 lease on that, then we still have to --

1 MR. HARVEY: I mean, we've completely sold
2 the homes. They no longer belong to us.

3 MS. GRESHAM: So then just send that to us.
4 There's an e-mail box that will tell you
5 for the submissions. Just put in there:
6 These sites have completely closed. We
7 have sold them and we no longer hold the
8 lease.

9 MR. CHRISTMAN: That was very helpful.
10 Thank you. Was that helpful?

11 MR. HARVEY: Yes. After that last meeting
12 I was going, oh, my, how many would be
13 disruptive. Thank you.

14 MS. GRESHAM: You're welcome.

15 MR. CHRISTMAN: Our next agenda item is the
16 biannual budget. And just to make sure I
17 understand, the Cabinet is putting together
18 recommendations to the governor, I suppose,
19 in terms of the governor's recommendation
20 which he takes from every cabinet -- I mean
21 every department, including Medicaid?

22 MR. GRESHAM: Right.

23 MR. CHRISTMAN: And that process is going
24 on right now?

25 MR. GRESHAM: Correct.

1 MR. CHRISTMAN: So -- and Clyde and anybody
2 else can chime in on this, but our
3 position, KAPP's position is we would -- we
4 believe we have a rationale for increase
5 across the board in the rates. That's our
6 official position.

7 Do you want to talk about that any
8 more, Johnny, the 25 percent across the
9 board increase for SCL?

10 MR. CALLEBS: Increase in the SCL budget,
11 which would equal about \$26 million.

12 MR. CHRISTMAN: Oh, state tax?

13 MR. CALLEBS: State tax dollars. And we
14 feel that's what we're asking be added to
15 the budget because at least SCL providers
16 are in crisis, have been for some time.
17 Trying to provide quality services on rates
18 for 2004 just is no longer working. We
19 have approximately 85 percent of providers
20 have responded that they are turning away
21 referrals just because they can't afford to
22 provide care for the person.

23 So it's not just about, you know,
24 providers, human resources. It's starting
25 to affect access. Even if you have a slot,

1 you can't get the service because no one
2 will or can provide it based on what your
3 needs are.

4 So we are meeting with legislatures
5 and asking for their support in increasing
6 the SCL budget the next biennium to be used
7 for rate increases. And so --

8 MR. CHRISTMAN: But what we're asking here
9 is that, I guess, if we're going to make a
10 motion or make a recommendation that the
11 governor's recommendation would also
12 include this increase.

13 MR. CALLEBS: Yeah, or just to ask. I
14 mean, is that in the talks at all or is
15 that anything that the department is
16 discussing or seeing as a need as far as
17 rates? I know we're in the middle of the
18 redesign, but that's going to take some
19 time with, you know, Navigant's
20 recommendations and town hall meetings and
21 submission to CMS and all the back and
22 forth with that and the regulations and
23 implementation. We're probably talking at
24 least two years down the road. I don't
25 think providers can wait two years for rate

1 relief.

2 MR. GRESHAM: And, honestly, based on our
3 timeline right now, I don't see it taking
4 two years. I'm thinking it will probably
5 be by the end of next year.

6 MR. CALLEBS: Submission or approval?

7 MR. GRESHAM: Complete approval. It will
8 be in the regs. And any rate changes will
9 have to go in the regulations as well.

10 MR. CALLEBS: Okay.

11 MR. CHRISTMAN: Would that have to -- would
12 you -- does that have to be included in the
13 budget, though, before you can increase
14 rates? I mean, if we don't put it in the
15 budget now, it's still two years from now,
16 correct? Would that be accurate?

17 MR. GRESHAM: No.

18 MR. CHRISTMAN: It would not?

19 MR. GRESHAM: Actually, I don't know
20 because there's the possibility to request
21 funds at a high level at a later time.

22 There's things being done with the waiver
23 redesign that we don't have necessarily in
24 the budget, depends on what happens. But
25 one of the goals of waiver redesign is to

1 look at rates.

2 MR. CHRISTMAN: But you understand my
3 question? I mean, if we don't get --

4 MR. GRESHAM: I understand your question.
5 I recommend that you do your recommendation
6 because I've already done my part. That
7 was included. It's in the secretary's
8 hands now, if it hasn't already gone past
9 that. So there's nothing I can do about
10 adding --

11 MR. CHRISTMAN: I gotcha.

12 MR. CALLEBS: And just sort of -- the
13 department's part or its budget going
14 forward to the secretary's office did not
15 include any revisions on current rates for
16 current covered services?

17 MR. GRESHAM: Did not include increases in
18 rates to providers.

19 MR. CALLEBS: All right. Thank you.

20 MS. BROTHERS: I have a question on that
21 because now I have to go back to my -- the
22 parents, as you know, in the meetings had
23 questions about participant-directed
24 services and they're paying their workers
25 and their rates of pay. So is that on the

1 table as well because they felt like that
2 their rate of pay was lower than --

3 MS. GRESHAM: Everything is on the table
4 for waiver redesign.

5 MS. BROTHERS: They were concerned because
6 they were getting their own workers.

7 MS. GRESHAM: It was heard, very loud and
8 heard.

9 MS. BROTHERS: I mean, that was a big
10 concern was their rate of pay and they felt
11 like, you know, they're getting the people
12 that worked really well with their
13 individuals.

14 MS. GRESHAM: And I can't imagine that
15 would not make it into Navigant's report
16 because it was heard very loud and clear.
17 So I don't -- now, where that goes, of
18 course, we can't say, but it's definitely
19 been heard.

20 MS. BROTHERS: Well, I just wanted that
21 stated about their rate of pay, also.

22 MS. GRESHAM: Yeah.

23 MR. CHRISTMAN: What Johnny has discussed
24 here would pertain to the SCL program only
25 and not Michelle P and the

1 consumer-directed option.

2 What do we want to do on this motion?

3 Do we want to be more inclusive or just

4 focus on the SCL?

5 MR. LANG: We need to start somewhere.

6 MR. CHRISTMAN: Yeah.

7 MR. LANG: Well, let me try this one.

8 MR. CHRISTMAN: Okay.

9 MR. LANG: And for the benefit of our
10 recorder. And I'm going to do this whole
11 thing, so bear with me. "Whereas both the
12 secretary of the Cabinet and the
13 commissioner of Medicaid Services and
14 others within the administration have
15 publicly testified as to the underfunded,
16 overstressed and underresourced support
17 systems under the 1915(c) waiver programs,
18 particularly its Supports for Community
19 Living waiver, it is recommended that the
20 Cabinet be instructed to include additional
21 and adequate funding for the 1915(c)
22 Supports for Community Living waiver
23 program in the upcoming biennial budget."

24 MR. CHRISTMAN: Is that a motion?

25 MR. LANG: Yes.

1 MR. CHRISTMAN: Do we have a second?

2 MR. HARVEY: I'll second.

3 MR. CHRISTMAN: Do we want some discussion
4 on that?

5 MS. BROTHERS: Can we hear it again?

6 MR. CHRISTMAN: Could you please repeat it?

7 MR. LANG: I will repeat it all. "Whereas
8 both the secretary of the Cabinet and the
9 commissioner of Medicaid Services and
10 others within this administration have
11 publicly testified as to the underfunded,
12 overstressed and underresourced support
13 systems under the 1915(c) waiver programs,
14 particularly the Supports for Community
15 Living waiver, it is recommended that the
16 Cabinet be instructed to include additional
17 and adequate funding for the 1915(c)
18 Supports for Community Living waiver
19 program in the upcoming biennial budget."

20 MR. CHRISTMAN: Any discussion?

21 MR. LANG: Can I discuss my own motion?

22 MR. CHRISTMAN: You may.

23 MR. LANG: Well, there are two pieces. And
24 one is include additional and adequate
25 funding. It doesn't give an amount and

1 we've introduced an amount today. We've
2 had comment about that.

3 MR. CHRISTMAN: We have, yes.

4 MR. LANG: Secondly, it's restricted to --
5 that recommendation is restricted to the
6 1915(c) SCL waiver program and we've talked
7 about the need -- do we need to expand
8 that. So, again, I think it's important to
9 get the motion out and then if we need to
10 amend either one of those areas, we can do
11 that.

12 MR. CHRISTMAN: We could just mention the
13 1915 waiver and not specify SCL or --

14 MR. LANG: Well, you could amend it, amend
15 the motion to say all waivers, and you
16 could amend the motion to say we have a
17 specific amount.

18 MR. CHRISTMAN: Are you happy with the
19 motion the way it is?

20 MS. BENTLEY (To Ms. Brothers): What
21 do you think?

22 MR. HARVEY: I'd say no because the issue
23 raised by the Arc is Michelle P and, you
24 know, we're saying we're not touching
25 Michelle P and it's the IDD/TAC, it's not

1 the SCL/TAC. So I think the comment you
2 made, do we include others, do we include
3 all, you know, but I think clearly the
4 purview of this group should fall under the
5 SCL and Michelle P.

6 MR. CHRISTMAN: I mean, if we just say to
7 the waiver for the 1115 --

8 MR. LANG: The 1915 waiver.

9 MR. CHRISTMAN: -- the 1915 waiver and just
10 say period, right, and just not specify
11 which permit, that would be okay to amend
12 that?

13 MR. LANG: So you can offer an amendment to
14 strike the limitation of only the Supports
15 for Community Living waiver and include all
16 1915(c) waivers.

17 MR. CALLEBS: There are six of them, so
18 we're just doing the two 1915 IDD waivers?

19 MR. CHRISTMAN: Yes.

20 MR. CALLEBS: Because there are six 1915
21 waivers, right?

22 MR. LANG: Yes.

23 MR. CHRISTMAN: Or do we want to specify
24 those two waivers? Is that the question?
25 Or amend it by adding the Michelle P to it?

1 MR. LANG: Exactly. Will that work?

2 MS. BROTHERS: Yeah.

3 MR. CHRISTMAN: You want to have an
4 amendment to that motion, then, to add
5 Michelle P to it?

6 MS. BROTHERS: Yeah.

7 MR. CHRISTMAN: And a second to that
8 amendment --

9 MR. LANG: Second.

10 MR. CHRISTMAN: All in favor of the
11 amendment?

12 (The ayes have it.)

13 MR. CHRISTMAN: Any more discussion on that
14 overall motion?

15 MR. LANG: Did you want to include an
16 amount?

17 MR. CHRISTMAN: Oh, I did.

18 MR. LANG: Because the original motion only
19 says additional and adequate funding.

20 MR. CHRISTMAN: Have we thought it through?

21 MR. LANG: Based on the discussion today.

22 MR. CHRISTMAN: Do we have an amount that
23 we've thought through?

24 MR. CALLEBS: Well, I mean, as far as
25 KAPP's official will ask, that's specific

1 to SCL and it's \$26 million, which is 25
2 percent of the --

3 MR. CHRISTMAN: And leave silent the amount
4 for Michelle P?

5 MS. BENTLEY: I mean, does that help you to
6 be able to serve the people who have a slot
7 and who don't have services or is it an
8 additional slot because seems like --

9 MR. CALLEBS: It's to be used for rates
10 because right now the rates don't cover the
11 cost of delivering the service, especially
12 residential.

13 MS. BENTLEY: Because if we're asking for
14 adequate, we need to be asking for more
15 slots, not just more money for rates. I
16 mean, don't we need to be asking for more
17 slots?

18 MR. HARVEY: The issue in SCL is that it's
19 been 2004 since they've had any kind of
20 rate adjustments.

21 MS. BENTLEY: Right.

22 MR. HARVEY: If you look at the expense of
23 doing business in 2004 and compare it to
24 2017 --

25 MS. BROTHERS: I totally get it.

1 MR. HARVEY: -- there is a tremendous
2 difference. And we have providers in the
3 KAPP association that are downsizing their
4 operations and are, you know, doing
5 different things because of financial
6 struggles. It is real. It is abominus.
7 And if something is not done soon, you'll
8 see the community based support system
9 slowly start to crumble.

10 MS. BROTHERS: I mean, we get it because we
11 hear it from our parents every single day.
12 We get it totally.

13 MS. BENTLEY: But really there's a lot of
14 people on the wait list, people who need
15 slots and it's not just about giving those
16 people that we already have in the system
17 --

18 MR. HARVEY: I'm fine with the motion not
19 having a dollar amount attached to it
20 because we're going to be working with
21 legislators and other people that will know
22 what the dollar amounts are, but I think
23 it's very important that something is asked
24 of the Cabinet so that if the money is
25 appropriated and everything, you know, that

1 it's there and it's budgeted for what it's
2 needed for or what it's asked for.

3 MS. BENTLEY: Right.

4 MR. LANG: And just to go back on a couple
5 of key words that you said. It's not that
6 providers don't want to see additional
7 slots, but there have been a lot of slots
8 added, hundreds of slots added over the
9 last ten years with no rate increase. So
10 we're increasing volume, but there's no
11 capacity to --

12 MS. BENTLEY: I'm not disputing that. I'm
13 not saying that. I'm not disputing the
14 rate increase.

15 MR. LANG: No, no, I know.

16 MS. BENTLEY: I'm just saying shouldn't we
17 be asking also for more slots to be
18 included because there are still a lot of
19 people waiting on services. That's all I
20 meant.

21 MR. CHRISTMAN: So should we add the word
22 "expansion" to it or not?

23 MR. HARVEY: I think it confuses the issue
24 because then you're trying to include three
25 or four things in one motion.

1 MR. CHRISTMAN: And expansion is happening.
2 MR. HARVEY: That's why if you want to
3 simplify it, you know, take away the dollar
4 amount, in my mind, because the idea is to
5 put something out there saying, hey, this
6 is a need. And it's going to be addressed
7 because there's going to be other things
8 that's moving on this. It's my thought
9 anyway.

10 MS. BROTHERS: Well, I mean, can we not
11 make a different motion, then, for that?

12 MR. HARVEY: Sure. Yeah, you can have as
13 many motions as you want.

14 MS. BROTHERS: Well, maybe we should make a
15 different motion for the expansion of
16 slots.

17 MR. CALLEBS: To address waiting lists?

18 MS. BROTHERS: Yes.

19 MR. HARVEY: I think it's just complicates
20 it to try and put it all into one.

21 MR. LANG: Yeah, let's do this one.

22 MS. BROTHERS: Let's do this one first.

23 MR. CHRISTMAN: So we're happy with the
24 language of this particular motion and
25 we'll make another notion; is that correct?

1 MS. BROTHERS: Correct.

2 MR. LANG: And we'll leave it as additional
3 and adequate funding.

4 MR. CHRISTMAN: Rather than the dollar
5 amount.

6 MR. LANG: Rather than try to put a dollar
7 amount.

8 MR. CHRISTMAN: So any further discussion
9 on this particular motion? All in favor
10 say aye.

11 (The ayes have it.)

12 MR. CHRISTMAN: Any opposed?

13 (None opposed.)

14 MR. CHRISTMAN: I'm ready to entertain
15 another motion.

16 MS. BROTHERS: Katie, do you want to make
17 it?

18 MS. BENTLEY: I just want to have a request
19 for more slots for the SCL in the Michelle
20 P waiver.

21 MR. CHRISTMAN: That the budget contain
22 adequate funds for the expansion -- to add
23 -- to serve more people --

24 MS. BENTLEY: More people, yes.

25 MR. CHRISTMAN: -- something like that?

1 MS. BENTLEY: Uh-huh. Well, I didn't come
2 prepared to write this. So, yes, I do
3 think that it should say that we are making
4 the recommendation that we can include
5 additional slots, funding for additional
6 slots for the Michelle P and for the SCL.
7 And whatever we can get would be great for
8 some people because there's people who
9 aren't getting services, so --

10 MR. CHRISTMAN: How about we say we also
11 recommend that the Cabinet request in the
12 biannual budget additional funds to add
13 more slots in both Michelle P and the SCL
14 program to reduce waiting lists?

15 MS. BROTHERS: That does it.

16 MR. CALLEBS: Can I ask one question about
17 the Michelle P part?

18 MR. CHRISTMAN: Yes.

19 MR. CALLEBS: Is the Michelle P waiver at
20 capacity already?

21 MR. GRESHAM: No.

22 MR. CALLEBS: It's not at capacity?

23 MR. GRESHAM: No.

24 MR. CALLEBS: Do you know how many --

25 MR. GRESHAM: Approximately 300.

1 MR. CALLEBS: Three hundred could be filled
2 if they were funded?
3 MR. GRESHAM: No, they're funded.
4 MR. CALLEBS: They are funded?
5 MR. GRESHAM: I'm having problems wading
6 through the wait list to find people who
7 qualify. We've released 2,750 slots in the
8 last year and a half that we've been trying
9 to get 500 slots filled and we're still
10 trying to get them filled.
11 MR. CALLEBS: So it's really not an issue
12 of --
13 MR. CHRISTMAN: It's not an immediate
14 problem.
15 MR. CALLEBS: -- an immediate problem with
16 Michelle P?
17 MR. CHRISTMAN: Yeah.
18 MR. CALLEBS: There are people waiting who
19 don't have funding on SCL, but there are
20 slots that are hundreds of them available
21 in Michelle P, but we just can't fill with
22 eligible recipients?
23 MR. GRESHAM: And we're working through,
24 that's correct.
25 MR. CALLEBS: So, I mean, just something to

1 think about: Do you want to include that
2 as a priority right now, given the fact
3 that you can't fill the slots right now?

4 MR. CHRISTMAN: I don't think it matters.

5 MS. BROTHERS: So how are you releasing
6 those 2,750 people? How is that process
7 taking place?

8 MR. GRESHAM: It took place by sending
9 letters out to the 2,750 people. Some just
10 said: I'm not interested; I don't know how
11 I got on this list; take me off. Some went
12 through and got an assessment, didn't
13 qualify. A good example of one of those
14 was an eight-year-old girl that was listed
15 on the wait list.

16 Then once you send out the letter and
17 they get the assessment and they're not
18 appropriate, you have to give them 30 days
19 to see if they request a hearing. If they
20 request a hearing, you have to wait at least
21 90 days before you can re-award that slot
22 before it can get to the hearing process.
23 So it takes a little time.

24 MS. BROTHERS: So how long have these
25 people been on this waiting list? I mean,

1 can you give me an estimate?

2 MR. GRESHAM: It's varying times. We
3 started the wait list in 2014, I believe.

4 MS. BROTHERS: Because I know there's
5 really people who are on this waiting list
6 who really deserve these services. That's
7 what concerns me.

8 MR. GRESHAM: I agree.

9 MS. BROTHERS: I just wanted to know. I
10 was thinking if there's people who have
11 just been put on here, who put these people
12 on here?

13 MR. GRESHAM: Well, that happened when we
14 started doing the wait lists, we were
15 restricted on what we could require
16 somebody to turn in. Basically if they had
17 a name and address, we were told to put
18 them on the wait list. There was no
19 screening criteria applied. So now we're
20 working through that group of people to
21 find the appropriate people. We're also
22 looking at ways to try to reduce the wait
23 list in a quicker manner and I'm still
24 working on trying to figure out a way to do
25 that.

1 MR. CHRISTMAN: I take it you're finding
2 people on the waiting list who are not
3 qualified?

4 MR. GRESHAM: That's correct.

5 MR. CHRISTMAN: A lot? I mean,
6 proportionally is it a lot?

7 MR. GRESHAM: 2,750 people and I haven't
8 been able to fill 500 slots yet.

9 MR. CHRISTMAN: And you think you've been
10 through all 27 --

11 MR. GRESHAM: I have been through 2,750
12 slots.

13 MR. CHRISTMAN: And of that --

14 MR. GRESHAM: And of that I've got 500.

15 MR. CHRISTMAN: -- you're still short?

16 MR. GRESHAM: Yeah.

17 MR. LANG: I'm sorry you have to fill so
18 many that thought they were eligible and
19 were not.

20 MR. CALLEBS: And so many of them are on it
21 that didn't want it.

22 MR. GRESHAM: Unless we went to MWMA, now
23 you have -- the Mas 621 is no more. The
24 Mas 621, it was filled out and, like I
25 said, if it had a name or address, we were

1 told to accept it. But now with MWMA
2 there's prescreening criteria they at least
3 have to put down that they have an IDD
4 diagnosis.

5 MS. LOCKER: So the waiting list has been
6 reduced by that many now, as you go
7 through?

8 MR. GRESHAM: Uh-huh.

9 MS. BROTHERS: Is it just people applying
10 or is it case managers or is it doctors? I
11 mean, I guess I'm confused.

12 MR. GRESHAM: Applying for what?

13 MS. BROTHERS: When they initially put this
14 in?

15 MR. GRESHAM: There was one group that was
16 going around and getting 30 people in a
17 room and passing the paper around to have
18 them all sign it and then turn it in.

19 MR. LANG: Turn in the sign-in sheet?

20 MR. GRESHAM: And there's a lot of those
21 types of people that when we call them: I
22 don't know how I got on this list; I don't
23 want on this list. But we have to do our
24 due diligence and go through that.

25 MR. LANG: Sure.

1 MR. CHRISTMAN: Just to make sure I
2 understand, after eliminating a lot of
3 these people that you reviewed and found
4 them not eligible, what are we down to on
5 the waiting list now? What's the number?

6 MR. GRESHAM: 6,100.

7 MR. CHRISTMAN: So you're not done?

8 MR. GRESHAM: No. And we still have
9 approximately 4,000, 4,500 to get through
10 before we get to the ones that are
11 definitely IDD.

12 MR. CALLEBS: And you're addressing these
13 chronologically by order of placement on
14 the list?

15 MR. GRESHAM: Correct.

16 MR. CHRISTMAN: How long will this take, do
17 you think, to get through that pile?

18 MR. GRESHAM: Continuing to do it the way
19 we are now?

20 MR. CHRISTMAN: Yeah.

21 MR. GRESHAM: I don't know if we'll ever be
22 done, honestly.

23 MS. BROTHERS: Because people keep getting
24 on there every day.

25 MR. GRESHAM: But those at least, we're

1 hoping, are more appropriate because they
2 have to have an IDD diagnosis to be moved
3 to that --

4 MS. GRESHAM: Wait list.

5 MR. GRESHAM: -- wait list. Like I said,
6 we're trying to come up with a way to
7 reduce the 4,000, 4,500, whatever the
8 number is, quicker.

9 MR. CHRISTMAN: So it is consistent that we
10 have people on the waiting list who deserve
11 it, but we can't fill the slots --

12 MR. GRESHAM: Correct.

13 MR. CHRISTMAN: -- because we have to go
14 through this chronological process? That
15 makes sense?

16 MR. GRESHAM: That's correct.

17 MS. BROTHERS: That helps me understand it
18 better. I'm just trying to understand.

19 MR. GRESHAM: Oh, it's not fun.

20 MR. CALLEBS: I assume, too, you have
21 limited labor or manpower to go through all
22 this. Is it just a couple of people doing
23 it?

24 MR. GRESHAM: The Michelle P branch has
25 three?

1 MS. CLARK: Four.

2 MR. GRESHAM: Four.

3 MR. CALLEBS: Four people who are kind of
4 filtering through the --

5 MR. HARVEY: And I suppose you have to make
6 so many attempts to contact and then you
7 have to give so much time --

8 MR. GRESHAM: Three, yes.

9 MR. HARVEY: -- to respond before you can
10 do the second contact?

11 MR. GRESHAM: Right.

12 MS. GRESHAM: And even once they're awarded
13 an assessment, if they appeal that, that
14 can last for years. And we have to hold
15 that slot until the appeal process is
16 complete. So even in that then you're
17 waiting for that process to be done.

18 MR. CHRISTMAN: This is enlightening.
19 Okay. So we still have our original --
20 okay. We've had this original motion and
21 we have a new motion that you made,
22 correct?

23 MS. BENTLEY: Yes.

24 MR. CHRISTMAN: And was there a second?

25 MS. BROTHERS: I seconded it.

1 MR. CHRISTMAN: Any discussion?

2 MR. LANG: Could you rephrase it, reread
3 the motion?

4 MS. BENTLEY: Do I have to? I didn't write
5 it all down.

6 MR. CHRISTMAN: Well, let me see if I can
7 remember it.

8 MS. BENTLEY: I'm not good at rephrasing.

9 MR. CHRISTMAN: That we also recommend to
10 the MAC that the Cabinet place adequate
11 funds in the biannual budget for the
12 purpose of adding more slots to both the
13 Michelle P and the SCL program for the
14 purpose of reducing waiting lists, even
15 though with the Michelle P program -- this
16 is not part of the motion, but we
17 understand there's other issues going on.
18 Does that make sense?

19 MS. BROTHERS: Uh-huh.

20 MR. LANG: Thank you.

21 MR. CHRISTMAN: So I don't think it hurts
22 anything to add the Michelle P to the
23 motion.

24 MR. LANG: No.

25 MR. CHRISTMAN: Does that work?

1 MS. BROTHERS: Yeah.

2 MR. CHRISTMAN: Any other discussion? All
3 in favor?

4 (The ayes have it.)

5 MR. CHRISTMAN: Okay. Wayne, you wanted to
6 talk about the exceptional -- some of the
7 issues you're having with the exceptional
8 protocol process?

9 MR. HARVEY: Yeah. And I think Alisha has
10 seen a couple of e-mails on this because
11 I've e-mailed back and forth on this.
12 We've recently had a couple of different
13 situations where there's an exceptional
14 rate packet submitted and it's submitted on
15 time, then there's an LOI that's generated
16 from the submission of that packet.

17 Well, we respond to the LOI the same
18 day, but then there's another LOI that's
19 created several days later. We respond to
20 that LOI and then the approval doesn't occur
21 until a week and a half -- week and a half
22 or so later. And with the exceptional rate
23 protocol the date of the approval is the
24 date that it's effective. It's not like the
25 regular SCL services where if you're dealing

1 with LOIs and so forth, as long as you
2 address the LOIs and submit the information
3 and everything, it's backdated to cover the
4 entire period.

5 And we found this out in the process
6 is that, you know, we used the exact same
7 materials that was approved prior to. So we
8 don't understand, one, you know, why there
9 were LOIs in the first place, you know,
10 because we used the exact same materials,
11 but when we addressed each -- there was good
12 faith effort all throughout the process.
13 You know, we were addressing the LOIs. We
14 submitted the information.

15 We don't understand why we lose out on
16 3,000 and some dollars on services because
17 the services were continued. They were
18 provided. There's proof of that, yet we
19 don't understand why it can't meet the date
20 of submission just like other services.

21 MS. CLARK: So on March 1, 2017 there was
22 an 829 letter that went out and it's very
23 detailed in there. It says that you have
24 to submit no later than 15 days prior to
25 the end of the previous authorization. So

1 that gives two weeks, if you don't turn in
2 everything, to go back and forth with the
3 LOIs to make sure there are no gaps.

4 MR. HARVEY: Right. And according to the
5 case management records we looked at, they
6 submitted approximately two weeks prior to
7 the expiration date of the plan. And
8 that's the thing that we're struggling
9 with.

10 MS. CLARK: All of the checklists and
11 everything?

12 MR. HARVEY: Yeah. The issue was is that
13 -- the thing that caused all this delay was
14 they had a problem with our calculation
15 sheet. And the initial one, which was
16 copied from the same one that was approved
17 prior on this same particular person, it
18 included our actual costs because it
19 contained overtime costs and so forth. And
20 they said, well, you can't contain overtime
21 costs. We said okay. We submitted another
22 one and then there was something else wrong
23 with that cost sheet.

24 The bottom line was each cost sheet
25 exceeded the maximum amount. They had the

1 same end result. We don't understand why
2 we're being told that you can't be paid for
3 services that you delivered. Because we
4 were working in good faith the entire time
5 trying to address it and get it -- we
6 answered every LOI on the same day that it
7 was submitted to us.

8 So I just think there needs to be an
9 awareness that that's a true issue for
10 providers because --

11 MS. CLARK: I wasn't aware that they were
12 being submitted timely as well. When
13 people ask me to backdate and, you know,
14 I've looked, I'm like, well, you didn't
15 submit it based on this. And I've had
16 several providers tell me they aren't even
17 aware of this and they've not read it, you
18 know. It might be small providers. I'm
19 not sure.

20 MR. HARVEY: Well, I can't speak for case
21 management companies. I don't know if
22 they're aware of the letter or read it, but
23 we're aware of it. And we respond to the
24 LOI the same day that it's sent to us from
25 the case manager, so --

1 MS. CLARK: You know, so the question is is
2 the case manager picking it up and looking
3 at it and --

4 MR. HARVEY: According to their records,
5 they are.

6 MS. CLARK: -- submitting everything? But
7 this is the letter that went out and, you
8 know, this is what we're following.

9 MR. HARVEY: Okay. Well, I would like to
10 -- go ahead, Johnny.

11 MR. CALLEBS: I was just going to say is
12 that in those cases where, you know, the
13 information may not be out there or
14 whatever the situation may be, is there a
15 way to trouble-shoot an individual, you
16 know, case-by-case basis? If there's a
17 claim that LOIs are responded to but still
18 everything has been denied and there are
19 gaps, I mean, is there a way to just
20 trouble-shoot case by case?

21 MS. CLARK: I mean, if you want me to look
22 at a couple of cases, I can have those
23 reviewed, but I'm really not hearing a
24 whole lot of complaints from --

25 MR. HARVEY: Well, I've got a big one I've

1 raised today.

2 MS. CLARK: Well, I'm saying if you want me
3 to look at an individual case or whatever
4 and figure out what --

5 MR. HARVEY: Sure. I'll be happy to send
6 you that information.

7 MS. CLARK: If you've got two that you're
8 saying, well, this one was submitted this
9 time and the next one as was submitted
10 exactly like the first one that was
11 approved, I'll be more than happy to have
12 those researched.

13 MR. HARVEY: Yeah, because it takes away
14 our ability -- we can't even appeal the
15 denial or anything because technically they
16 weren't approved for that period of time
17 because of the approval date that's set
18 forth in that, which I feel like if you're
19 working through LOIs and so forth and
20 you're responding, you know, it should
21 follow the same approval process as other
22 services do, you know, if the packet was in
23 LOI. I mean, if the packet is late, then
24 the packet is late.

25 MS. CLARK: Well, I mean, if they complete

1 an accurate packet is what the letter
2 refers to.

3 MR. HARVEY: Right. But the information
4 was submitted is what I'm saying and they
5 wanted the information changed. That's the
6 issue here. And that's why we have an
7 issue with that.

8 MS. CLARK: Send me two samples that I can
9 take a look at and have reviewed.

10 MR. CHRISTMAN: Great. This next item I
11 brought up and it may be related. It's
12 sort of like the exceptional protocol issue
13 and maybe it only affects our organization,
14 but we've had a devil of a time with some
15 people when they're switching from Michelle
16 P to SCL to get the system to recognize
17 that. And I don't know if anybody else is
18 having that problem or not.

19 MS. CLARK: So what I've done -- and this
20 is still kind of being reviewed. I've run
21 into additional questions, but some of the
22 information that I've found that case
23 managers have not requested for a Michelle
24 P waiver, the prioritization to be closed.
25 You can have overlapping levels of care for

1 SCL/Michelle P, but you cannot have
2 overlapping PAs.

3 So I don't know if it's a
4 communication issue between case managers,
5 if they're moving to a new case management
6 agency, or if it's if they're with the same
7 case management agency and they're not
8 requesting the Michelle P waiver to be, you
9 know, ended and picked up with SCL on the
10 next day. That is a few of them that I've
11 seen. Any of the ones that I believe that
12 you sent me --

13 MR. CHRISTMAN: Well, like I said to Dawn,
14 did she refer those to you and did it look
15 like the same situation there?

16 MS. CLARK: Yeah. And that's what I've
17 noticed on those. I know those have
18 already been followed up on.

19 MR. CHRISTMAN: Okay.

20 MS. CLARK: And I believe two of them were
21 resolved and they were contacting the
22 provider on the third one, if I remember
23 correctly.

24 MR. CHRISTMAN: Anyway, I know that's been
25 a frustration and our comptrollers had to

1 make a lot of phone calls on that issue.

2 MS. CLARK: And like I said, there are
3 still ongoing investigation, but that's
4 what I've found so far.

5 MR. CHRISTMAN: All right. Thank you very
6 much.

7 MS. CLARK: You're welcome.

8 MR. CHRISTMAN: Have we finished our --
9 looks like we've finished our agenda.
10 Anything else? We've got a lot done today
11 and glad we had a quorum.

12 Okay. Our next meeting? Do these
13 have like a standard?

14 MR. LANG: We try to make it at least two
15 weeks prior to the MAC.

16 MR. HARVEY: Two weeks before the next MAC
17 meeting.

18 MR. CHRISTMAN: Which is?

19 MR. HARVEY: Anybody know when the next MAC
20 meeting is? I know the next one is in a
21 couple of weeks, but the one after that.

22 MR. CHRISTMAN: Yeah, the one after that.

23 MR. LANG: Is the MAC every other month?

24 MS. WHEELER: I think it's the same as
25 this, every other month on both of them,

1 but I'm not sure.

2 MS. CLARK: I think so, but I don't attend
3 those.

4 MR. LANG: So if you start eight weeks from
5 now.

6 MR. CHRISTMAN: Early January on a -- the
7 first week of January, is that correct,
8 we'd want to do them so far? Yes?

9 MR. HARVEY: You can do the 3rd. It's on a
10 Wednesday. We've been kind of doing these
11 on Wednesdays.

12 MR. CHRISTMAN: January 3rd, 10 o'clock?

13 MR. HARVEY: Anybody have a major issue
14 with that?

15 MR. CHRISTMAN: If there is, we'll change
16 it later, but right now that's what it is.
17 Is that right? 10 o'clock. Location TBA.

18 MR. HARVEY: I actually crashed the board
19 room upstairs first before I came down
20 here.

21 MR. CHRISTMAN: Well, I thought your story
22 was going to be you helped a woman deliver
23 a baby.

24 MR. HARVEY: No, huh-uh, thank God.

25 I said walker earlier. It's actually

1 a stroller.

2 MR. CHRISTMAN: That would have been a
3 great excuse. Okay. Thank you, everybody.

4 MR. CALLEBS: And I did have an e-mail from
5 Christian saying he was here, could not
6 find the location. So I -- I don't know.

7 MR. CHRISTMAN: All right. Thanks,
8 everybody.

9 (MEETING CONCLUDED AT 11:12 A.M.)

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1 COMMONWEALTH OF KENTUCKY

2 COUNTY OF FAYETTE

3
4 I, ROBERT D. SLONE, Court Reporter and
5 Notary Public in and for the Commonwealth of
6 Kentucky at Large, whose commission as such will
7 expire June 11, 2019, do hereby certify that the
8 foregoing proceedings were taken before me at the
9 time and place set forth in the proceedings
10 caption; and that the foregoing transcript is a
11 true, complete and accurate transcript of said
12 proceedings. I further certify that I am not
13 related to nor employed by any of the parties to
14 this action and have no personal interest in the
15 outcome of the same.

16 WITNESS my hand on this 4th day of
17 December, 2017.

18
19
20
21 _____
22 ROBERT D. SLONE, Notary ID 535766
23 Notary Public, State-at-Large
24
25

MR. CALLEBS: [43] 3/12 9/17 12/3 12/18 12/20 14/24 15/3 15/15 15/17 16/16 17/9 20/23 21/1 29/1 29/16 32/9 32/12 33/12 34/5 34/9 35/11 35/18 40/16 40/19 41/23 42/8 45/16 47/15 47/18 47/21 47/23 47/25 48/3 48/10 48/14 48/17 48/24 51/19 53/11 54/19 55/2 61/10 67/3 MR. CHRISTMAN: [125] MR. GRESHAM: [45] 3/25 6/11 18/15 31/21 31/24 34/1 34/6 34/16 34/18 35/3 35/16 47/20 47/22 47/24 48/2 48/4 48/22 49/7 50/1 50/7 50/12 51/3 51/6 51/10 51/13 51/15 51/21 52/7 52/11 52/14 52/19 53/5 53/7 53/14 53/17 53/20 53/24 54/4 54/11 54/15 54/18 54/23 55/1 55/7 55/10 MR. HANNA: [1] 3/9 MR. HARVEY: [34] 18/19 30/9 30/14 30/16 30/25 31/10 38/1 39/21 42/17 42/21 42/25 43/17 44/22 45/1 45/11 45/18 55/4 55/8 57/8 59/3 59/11 60/19 61/3 61/8 61/24 62/4 62/12 63/2 65/15 65/18 66/8 66/12 66/17 66/23 MR. LANG: [52] 3/10 7/9 7/24 8/13 8/16 8/19 8/23 9/1 11/23 13/23 14/7 14/13 14/16 19/15 20/18 20/20 21/2 21/7 23/14 23/21 27/11 37/4 37/6 37/8 37/24 38/6 38/20 38/22 39/3 39/13 40/7 40/12 40/21 40/25 41/8 41/14 41/17 41/20 44/3 44/14 45/20 46/1 46/5 51/16 52/18 52/24 56/1 56/19 56/23 65/13 65/22 66/3 MS. BENTLEY: [14] 3/22 42/4 42/12 42/20 43/12 44/2 44/11 44/15 46/17 46/23 46/25 55/22 56/3 56/7 MS. BROTHERS: [28] 3/20 35/19 36/4 36/8 36/19 38/4 41/1 41/5 42/24 43/9 45/9 45/13 45/17 45/21 45/25 46/15 47/14 49/4 49/23 50/3 50/8 52/8 52/12 53/22 54/16 55/24 56/18 56/25 MS. CLARK: [18] 4/2 54/25 58/20 59/9 60/10 60/25 61/5 61/20 62/1 62/6 62/24 63/7 63/18 64/15 64/19 65/1 65/6 66/1 MS. GRESHAM: [69] MS. HUNTSMAN: [4] 3/18 17/11 17/14 18/10 MS. JOHNSON: [8] 3/15 4/7 4/10 4/15 6/22 7/3 13/4 13/8 MS. LOCKER: [3] 3/14 16/2 52/4 MS. MAGRE: [1] 3/8 MS. PRESLEY: [1] 3/17 MS. WHEELER: [2] 4/3 65/23 \$ \$26 [2] 32/11 42/1 1 10 [2] 66/12 66/17 11 [1] 68/7 1115 [1] 40/7 11:12 [1] 67/9 12 [1] 4/12 15 [1] 58/24 1915 [11] 37/17 37/21 38/13 38/17 39/6 39/13 40/8 40/9 40/16 40/18 40/20 2 2,750 [5] 48/7 49/6 49/9 51/7 51/11	200 [4] 29/6 29/9 29/14 29/16 2004 [3] 32/18 42/19 42/23 2014 [1] 50/3 2017 [4] 1/18 42/24 58/21 68/17 2019 [4] 4/24 9/7 24/17 68/7 2022 [1] 28/11 25 [2] 32/8 42/1 250 [1] 29/16 27 [1] 51/10 275 [1] 1/13 3 3,000 [1] 58/16 30 [2] 49/18 52/16 300 [1] 47/25 3rd [2] 66/9 66/12 4 4,000 [2] 53/9 54/7 4,500 [2] 53/9 54/7 40621 [1] 1/14 48 [1] 29/15 488 [1] 10/2 4th [1] 68/16 5 500 [3] 48/9 51/8 51/14 535766 [1] 68/21 6 6,100 [1] 53/6 621 [2] 51/23 51/24 7 79 [1] 13/7 8 80 [1] 13/8 829 [1] 58/22 85 [1] 32/19 9 90 [1] 49/21 A A.M [1] 67/9 ability [1] 62/14 able [3] 13/16 42/6 51/8 abominus [1] 43/6 about [24] 7/9 9/19 10/2 11/12 13/5 17/12 19/6 23/16 25/1 29/14 30/18 32/7 32/11 32/23 35/9 35/23 36/21 39/2 39/7 43/15 47/10 47/16 49/1 57/6 absolutely [1] 28/5 accept [1] 52/1 access [1] 32/25 accessed [1] 10/4 according [2] 59/4 61/4 accurate [3] 34/16 63/1 68/11 across [3] 10/25 32/5 32/8 action [1] 68/14 actual [1] 59/18 actually [6] 10/3 13/17 16/11 34/19 66/18 66/25 add [6] 22/8 41/4 44/21 46/22 47/12 56/22 added [3] 32/14 44/8 44/8 adding [3] 35/10 40/25 56/12 additional [14] 13/2 15/5 24/22 37/20	38/16 38/24 41/19 42/8 44/6 46/2 47/5 47/5 47/12 63/21 address [5] 45/17 50/17 51/25 58/2 60/5 addressed [3] 26/17 45/6 58/11 addressee [1] 10/18 addressing [2] 53/12 58/13 adequate [8] 37/21 38/17 38/24 41/19 42/14 46/3 46/22 56/10 ADHCs [3] 29/21 29/22 29/23 adjustment [1] 20/5 adjustments [1] 42/20 administration [2] 37/14 38/10 ADTs [1] 30/1 ADVISORY [1] 1/7 affect [1] 32/25 affects [1] 63/13 afford [1] 32/21 after [6] 7/11 11/1 31/11 53/2 65/21 65/22 again [9] 10/25 16/15 19/16 22/12 24/6 27/3 27/16 38/5 39/8 Age [2] 2/6 3/12 agency [2] 64/6 64/7 agenda [2] 31/15 65/9 ago [1] 25/10 agree [1] 50/8 ahead [4] 19/19 24/14 26/20 61/10 Alisha [4] 2/17 4/3 15/5 57/9 all [39] 4/16 5/15 6/4 6/11 8/6 8/24 9/20 10/6 10/21 16/23 17/19 19/1 21/4 22/7 22/12 22/20 26/5 27/9 33/14 33/21 35/19 38/7 39/15 40/3 40/15 41/10 44/19 45/20 46/9 51/10 52/18 54/21 56/5 57/2 58/12 59/10 59/13 65/5 67/7 allow [1] 14/25 allowed [2] 5/3 15/12 allowing [1] 24/4 allows [1] 15/10 almost [1] 25/10 already [11] 5/14 8/11 19/10 22/7 23/13 27/1 35/6 35/8 43/16 47/20 64/18 also [10] 7/13 8/3 17/1 23/11 33/11 36/21 44/17 47/10 50/21 56/9 am [1] 68/12 amend [6] 39/10 39/14 39/14 39/16 40/11 40/25 amendment [4] 40/13 41/4 41/8 41/11 amount [12] 24/21 38/25 39/1 39/17 41/16 41/22 42/3 43/19 45/4 46/5 46/7 59/25 amounts [1] 43/22 another [5] 20/4 45/25 46/15 57/18 59/21 answer [1] 18/10 answered [1] 60/6 any [29] 5/23 6/9 6/12 6/13 8/7 9/5 12/21 15/5 15/12 18/17 20/18 22/3 23/4 26/4 26/15 28/20 30/23 32/7 34/8 35/15 38/20 41/13 42/19 46/8 46/12 56/1 57/2 64/11 68/13 anybody [6] 24/22 25/17 32/1 63/17 65/19 66/13 anything [7] 9/23 16/16 25/22 33/15 56/22 62/15 65/10 anyway [5] 19/12 21/13 28/1 45/9 64/24 apologize [1] 4/15 appeal [3] 55/13 55/15 62/14 applied [1] 50/19 applying [2] 52/9 52/12 appreciate [1] 19/16 appropriate [3] 49/18 50/21 54/1
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